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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing**OR**Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	DC.1008US
First Named Inventor	Savallas O. Colbert
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROGRAMMABLE ELECTRONIC GAME APPARATUS*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

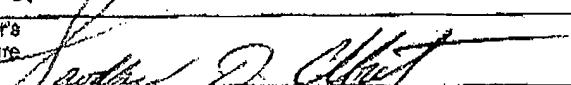
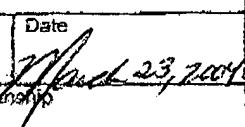
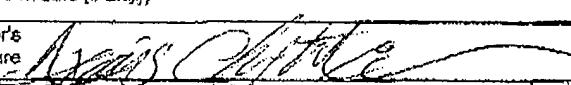
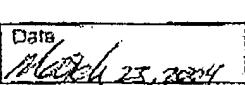
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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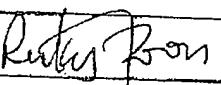
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: 		OR <input checked="" type="checkbox"/> Correspondence address below						
<p>Name Don Camagia</p> <p>Address 3403 Alton Parkway, Suite 6A, PMB 540</p> <table border="1"> <tr> <td>City Irvine</td> <td>State CA</td> <td>ZIP 92612</td> </tr> <tr> <td>Country USA</td> <td>Telephone 949-854-3405</td> <td>Fax 949-854-5445</td> </tr> </table> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			City Irvine	State CA	ZIP 92612	Country USA	Telephone 949-854-3405	Fax 949-854-5445
City Irvine	State CA	ZIP 92612						
Country USA	Telephone 949-854-3405	Fax 949-854-5445						
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)) Avaisa		Family Name or Surname Colbert						
Inventor's Signature 		Date 						
Residence: City Santa Monica	State CA	Country USA	Citizenship USA					
Mailing Address 2824 Kansas Ave								
City Santa Monica	State CA	ZIP 90404	Country USA					
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)) Avaisa		Family Name or Surname Chugtai						
Inventor's Signature 		Date 						
Residence: City Glenwood	State CA	Country USA	Citizenship USA					
Mailing Address 540 Glenrock, Apartment #5								
City Glenwood	State CA	ZIP 90224	Country USA					
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/USG/172A, or 5½ R, attached hereto.								

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetPage 3 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Ricky		Family Name or Surname Poen	
Inventor's Signature 		Date <u>3/24/04</u>	
Residence: City Los Angeles	State CA	USA Country 90049	USA Citizenship
Mailing Address			
Mailing Address			
Residence: City Los Angeles	State CA	Zip 90049	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.69. The information is required to obtain or retain a benefit by the public which is to be made available to the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Savalas O. Colbert
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	DD.1008US

I hereby appoint:

 Practitioners associated with the Customer Number:

OR

 Practitioner(s) named below:

Name	Registration Number
Don Carnegie	39622

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

 The address associated with Customer Number:

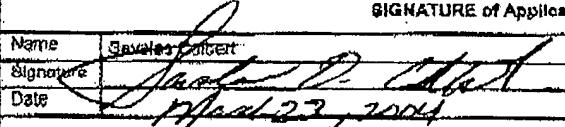
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Don Carnegie		
Address	ST.GEORGE & CARNegie		
Address	8405 Alton Parkway Ste 5A #540		
City	Irvine	State	CA
Country			
Telephone	949-854-2405	Fax	949-854-5445

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/46)

SIGNATURE of Applicant or Assignee of Record

Name	Savalas O. Colbert
Signature	
Date	March 23, 2004
	Telephone 310-384-4800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

 Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.51 and 1.52. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO is to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Savalas O. Colbert
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	DC.1008US

I hereby appoint

 Practitioner(s) associated with the Customer Number:

OR

 Practitioner(s) named below:

Name	Registration Number
Don Carnegie	39622

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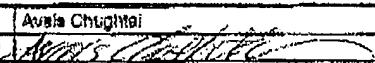
 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Don Carnegie		
Address	ST. GEORGE & CARNegie		
Address	18405 Alton Parkway Ste 5A #640		
City	Irving	State	CA
Country			
Telephone	949-854-8405	Fax	949-854-5445

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)**SIGNATURE of Applicant or Assignee of Record**

Name	Avala Chughtai
Signature	
Date	11/23/2004
Telephone	210-452-0006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

 Total of 3 forms are submitted.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Savalas O. Colbert
Title	Programmable Electronic Game
Art Unit	
Examiner Name	
Attorney Docket Number	DC.100BUS

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Don Carnegie	39622

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The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

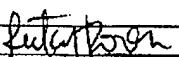
<input checked="" type="checkbox"/>	Firm or Individual Name	Don Carnegie
Address	ST.GEORGE & CARNEGIE	
Address	5405 Alton Parkway Ste 5A #540	
City	Irvine	State CA Zip 92604
Country		
Telephone	949-854-8405	Fax 949-854-5445

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Ricky Poon	
Signature		
Date	3/24/04	Telephone 310-462-0006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 3 forms are submitted.

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